

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT 4300 CHERRY CREEK DRIVE SOUTH DENVER, COLORADO 80246

EMERGENCY MEDICAL PRACTICE ADVISORY COUNCIL (EMPAC) MAY 9, 2011 DRAFT MINUTES

CALL TO ORDER

William Dunn, EMPAC Chair

William Dunn, Chair, called the May 9, 2011 Emergency Medical Practice Advisory Council (EMPAC) to order at approximately 9:00 a.m. at the Colorado Department of Public Health and Environment, Room C1E, Building C, 4300 Cherry Creek Drive South, Denver, Colorado, 80246.

Roll Call

Nick Boukas, EMPAC Coordinator Nick Boukas, EMPAC Coordinator, conducted the roll call. A quorum was

established.

Members Present

Dr. John Abbott, Dr. Stein Bronsky, Thomas Candlin, William Dunn, Dr. Gene Eby, Dr. William Hall, Dr. Art Kanowitz, Dr. Benji Kitagawa, Jason Kotas, Randy

Kuykendall, and Dr. Kevin Weber

Members Excused

Members Absent

EMTS Section Staff Present

Nick Boukas and Michelle Reese

Members of the Public

Scott Phillips, Jim Richardson, Gabriel Muething, Randall S. Eis, Bill Johnston, Dr. Pete Vellman, Kevin McVaney, Dr. Michelle Sweeney, Dr. Anthony DeMond, Dr. Robert Dery, Dr. John Glismann, Dr. David Hughes, Dr. Michael Jobin, Dr.

Christopher Martinez

Approval of Minutes

William Dunn, EMPAC Chair

The draft minutes of the February 23, 2011, EMPAC meeting had been e-mailed to each of the EMPAC members for their review and approval. These minutes are also

available for viewing at www.coems.info/EMPAC.

MOTION

MOVED BY DR. HALL, SECONDED DR. EBY, TO APPROVE THE MINUTES FROM THE FEBRUARY 23, 2011, EMPAC MEETING.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

Correspondence

Will Dunn, EMPAC Chair

None.

Waiver Review and Recommendations

William Dunn, EMPAC Chair

Dr. Kanowitz discussed the use of the checklist for the waiver review. A process discussion will follow waiver review. A MS Word version of the checklist will be available online.

Nick Boukas reviewed portions of the Rules under Waivers to Scope of Practice. Mr. Boukas added that for renewals, any data that has been collected since initial application is to be submitted. The role of the EMPAC is to make recommendations to deny, approve, table, or request more information from applicant. The motion can include recommendations for special conditions to be placed on the waiver. The department then has 30 days to send out the recommendations to the medical director. The department can specify terms and conditions, duration, and any specific recording requirements of the waiver.

Dr. Kanowitz commented that this process is really important for EMPAC. The review needs to be done thoughtfully and carefully in order to protect public safety, health, and welfare. The council should carefully consider:

- 1. Did the medical director clearly show need for the waiver?
- 2. Did medical director clearly show that there is a process to ensure safety and efficacy for the procedure or medication that is going to be used?
- 3. Did the medical director provide literature to support the safety and efficacy of the procedure?
- 4. Does the medical director have systems in place to ensure the safety and efficacy for the procedure or medication?
- 5. Do they have training and QA program to ensure competency? When you review waivers make sure that all these things are in place and the checklist will help to make sure these are met.

Dr. Anthony DeMond – Renewal Application for Surgical Cricothyrotomy for Durango Fire Rescue Authority Dr. Abbot and Mr. Candlin were the main reviewers for this waiver.

Dr. DeMond presented his renewal application for Surgical Cricothyrotomy for Durango Fire Rescue Authority. Discussion followed regarding the procedure and ACLS standard.

MOTION

MOVED BY MR. CANDLIN, SECONDED BY DR. ABBOTT, TO APPROVE WAIVER RENEWAL FOR SURGICAL CRICOTHYROTOMY FOR DURANGO FIRE RESCUE AUTHORITY, FOR THE STANDARD PERIOD AND STANDARD REPORTING.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

Dr. Robert Dery – Renewal Application for Surgical Cricothyrotomy for multiple agencies Mr. Dunn and Dr. Bronsky were the main reviewers for this waiver.

Dr. Dery presented his renewal application for surgical cricothyrotomy for multiple agencies. Dr. Eby commented on the data presented. Discussion followed regarding adding standard protocol for surgical cricothyrotomy, data reporting, needle versus surgical cricothyrotomy, and software customization to report specific data.

Mr. Dunn had a question about training and Dr. Dery responded that all the surgical cricothyrotomy training is done by him at least once a year.

Dr. Bronsky commented that he would like to see something written in the waiver for the protocol for the procedure. Discussion followed regarding training versus protocols, protocol approval is part of waiver approval,

MOTION

MOVED BY DR. ABBOTT, SECONDED BY DR. BRONSKY, TO APPROVE DR. DERY'S WAIVER RENEWAL FOR SURGICAL CRICOTHYROTOMY FOR MULTIPLE AGENCIES CONDITIONAL ON SUBMISSION OF SHORT, SUCCINCT TECHNICAL TRAINING PROTOCOL AND REVISION OF THE AGE LIMIT FOR PROCEDURE.

MOTION CARRIED

MOTION PASSED

7 YEA; 0 NAY; 1 ABSTENTION

Dr. John Glismann – Initial Application for Droperidol for Aspen Skiing Company – Ski Patrol Dr. Eby and Mr. Dunn were the main reviewers for this waiver.

Dr. Glismann presented his initial application for Droperidol for Aspen Skiing Company – Ski Patrol. This is in conjunction with Aspen Ambulance Service. The primary reason to use Droperidol is to manage combative, agitated patients on the hill.

Discussion followed regarding EKG monitoring in the field, other medications that would be effective, risk benefit ratio, Denver Health study, black box warning, safety of medics, Chapter 2 rule change, Droperidol dosage.

MOTION

MOVED BY DR. WEBER, SECONDED BY DR. HALL, TO APPROVE DR. GLISMANN'S WAIVER APPLICATION FOR DROPERIDOL FOR ASPEN SKIING COMPANY – SKI PATROL WITH A RECOMMENDEDCHANGE OF UP TO 5 MG IM FOR THE INITIAL DOSE FOR THE STANDARD PERIOD AND STANDARD REPORTING.

MOTION CARRIED

MOTION PASSED

7 YEA; 1 NAY; 0 ABSTENTION

Dr. David Hughes – Renewal Applications for RSI and Associated Medications for the Upper San Juan Health Service District Dr. Kitagawa and Mr. Candlin were the main reviewers for this waiver.

Dr. Hughes presented his renewal applications for RSI and associated medications for the Upper San Juan Health Service District.

Discussion followed regarding original waiver including pediatric RSI, changes in pediatric RSI, state guidelines for protocol, Etomidate use, medic involvement in facilities, dosage clarification, continuous monitoring clarification, Council's need to discuss and make a decision on pediatric RSI.

MOTION

MR. CANDLIN MOVED, SECONDED BY DR. KITAGAWA, TO APPROVE DR. HUGHES' WAIVER RSI AND ASSOCIATED MEDICATIONS FOR THE UPPER SAN JUAN HEALTH SERVICE DISTRICT WITH UPDATES TO THE AGE RANGE FOR PATIENTS 12 OR OLDER, THE PROTOCOL TO INCLUDE CONTINUOUS WAVEFORM CAPNOGRAPHY AND MIDAZOLAM.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

Dr. Samuel Kevan - Initial

Dr. Kitagawa and Mr. Kotas were the main reviewers for this waiver.

Applications for Protonix and Vecuronium for TransCare Ambulance

Dr. Kevan was not available for comment.

Discussion followed regarding Protonix application.

MOTION

DR. KITAGAWA MOVED TO, SECONDED BY MR. KOTAS, TO APPROVE DR. KEVAN'S WAIVER APPLICATION FOR PROTONIX FOR STANDARD TIME PERIOD AND STANDARD REPORTING.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

Discussion followed regarding Vecuronium request and need for continuous waveform monitoring in protocol.

MOTION

DR. KITAGAWA MOVED, SECONDED BY DR. EBY, TO TABLE VECURONIUM REQUEST PENDING FURTHER INFORMATION FROM DR. KEVAN.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

Dr. Michael Jobin – Addendum to existing waiver to include Vecuronium and Rocuronium for Thompson Valley EMS

Discussion followed regarding BME recommendation that Vecuronium and Rocuronium be added to RSI waiver, current medications being used, need for details in protocol, and primary agent for sedation.

Dr. Jobin commented on the protocols they are using and indicated that he can submit the protocol algorithm.

MOTION

DR. EBY MOVED, SECONDED BY DR. BRONSKY, TO APPROVE DR. JOBIN'S ADDENDUM TO EXISTING WAIVER TO INCLUDE VECURONIUM AND ROCURONIUM FOR THOMPSON VALLEY EMS TO EXPIRE ON NOVEMBER 18 2012 CONDITIONAL ON SUBMISSION OF ALGORITHM PROTOCOL.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

Dr. Christopher Martinez – Renewal Applications for Arterial Lines, Labetalol, Levophed, Lopressor, Mucomyst, Nicardipine, Nitroprusside, Octreotide, Phenobarbital, Pronestyl, Propofol and Thrombolytics for Aspen Ambulance District

Arterial Lines:

Discussion followed regarding monitoring equipment and the number of procedures done in the past four years. Further discussion was had on the waiver being only for monitoring existing arterial lines and not to be used for IV therapy.

MOTION

DR. KITAGAWA MOVED, SECONDED BY DR. EBY, TO APPROVE RENEWAL OF WAIVER FOR ARTERIAL LINES FOR 2 YEARS CONDITIONAL ON THE ACCESS FOR IV THERAPY REMOVED FROM

PROTOCOL.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

Labetalol:

Discussion followed regarding parameters set by physicians, written order to accompany, real need or perceived need for requested medication, training for use, and Council's need to look at how long a waiver can go without use.

MOTION DR. ABBOTT MOVED, SECONDED BY DR. HALL, TO APPROVE

RENEWAL OF WAIVER FOR LABETALOL FOR 2 YEARS.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.

Levophed:

Discussion followed regarding use of medication.

MOTION DR. WEBER MOVED, SECONDED BY DR. ABBOTT, TO APPROVE

RENEWAL OF WAIVER FOR LEVOPHED FOR 2 YEARS.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.

Lopressor:

Discussion followed regarding use of medication for transfers, when to start beta

blockers, and use may be superfluous.

MOTION DR. WEBER MOVED, SECONDED BY DR. EBY, TO DENY RENEWAL OF

WAIVER FOR LOPRESSOR.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.

Mucomyst:

Dr. Martinez discussed the use of that the use of Mucomyst for patients with acute liver failure has been shown can help reverse a bad outcome. Discussion followed regarding initial dosing done before transport and the infusion continued during

transport.

MOTION DR. WEBER MOVED, SECONDED BY DR. ABBOTT, TO APPROVE

RENEWAL OF WAIVER FOR MUCOMYST FOR 2 YEARS

CONDITIONAL ON THE PROTOCOL REVISED FOR MAINTAINING INFUSION AND REMOVE CREATININE LEVEL MONITORING.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.

Nicardipine:

Discussion followed regarding medication use, monitoring blood pressure during

transport.

MOTION DR. WEBER MOVED, SECONDED BY DR. ABBOTT, TO APPROVE

RENEWAL OF WAIVER FOR NICARDIPINE FOR 2 YEARS.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.

Nitroprusside:

Discussion followed regarding medication difficult to use and needs regular

training.

MOTION DR. EBY MOVED, SECONDED BY DR. HALL, TO DENY RENEWAL OF

WAIVER FOR NITROPRUSSIDE AND TO REMOVE NITROPRUSSIDE

REFERENCE FROM LABETAOL WAIVER.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.

Octreotide:

Discussion followed regarding medication use for maintaining infusion.

MOTION DR. HALL MOVED, SECONDED BY DR. EBY, TO APPROVE RENEWAL

OF WAIVER FOR OCTREOTIDE FOR 2 YEARS CONDITIONAL ON THE

PROTOCOL REVISED FOR MAINTAINING INFUSION.

MOTION PASSED UNANIMOUSLY. **MOTION CARRIED**

Phenobarbital:

Discussion followed regarding request for use, risks, and alternatives.

DR. HALL MOVED, SECONDED BY DR. EBY, TO DENY RENEWAL OF **MOTION**

WAIVER FOR PHENOBARBITAL.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.

Pronestyl:

Discussion followed regarding need, other agency with same waiver, and

medication making a comeback.

DR. EBY MOVED, SECONDED BY DR. HALL, TO APPROVE RENEWAL **MOTION**

OF WAIVER FOR PRONESTYL FOR 2 YEARS.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.

Propofol:

Discussion followed regarding protocol should reflect that this is for maintenance.

DR. HALL MOVED, SECONDED BY DR. EBY, TO APPROVE RENEWAL **MOTION**

OF WAIVER FOR PROPOFOL FOR 2 YEARS CONDITIONAL ON THE

REMOVAL OF SEDATION REDUCTION FROM PROTOCOL.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.

Thrombolytics:

Discussion followed regarding protocol should reflect that this is for maintenance.

MOTION DR. EBY MOVED, SECONDED BY DR. HALL, TO APPROVE RENEWAL

OF WAIVER FOR THROMBOLYTICS FOR 2 YEARS CONDITIONAL ON

THE PROTOCOL REVISED FOR MAINTAINCE THERAPY.

MOTION PASSED UNANIMOUSLY. **MOTION CARRIED**

Dr. Peter Vellman - Initial Applications for Droperidol, Pediatric King Airway and Oral Zofran for multiple agencies

Dr. Kitagawa and Dr. Bronsky were the main reviewers for Droperidol.

Dr. Peter Vellman and Scott Phillips presented their initial applications for Droperidol for multiple agencies. Scott Phillips commented that they have been

working on this waiver with Denver Health.

Discussion followed regarding dosage of Droperidol to use, sedation and antiemetic use, antiemetic alternative, number of EMTs and paramedics in agencies, reporting and monitoring activities, limiting Droperidol use depending on agency.

MOTION

MOVED BY DR. EBY, SECONDED BY DR. HALL, TO APPROVE DR. VELLMAN'S WAIVER FOR DROPERIDOL WITH THE CONDITION THAT AN UPDATED AGENCY LIST APPROPRIATE TO THE LEVEL OF CARE AND A RECOMMENDED INCREASE OF UP TO 5 MG FOR THE INITIAL DOSE FOR THE STANDARD PERIOD AND STANDARD REPORTING.

MOTION CARRIED

MOTION PASSED.

7 YEA; 0 NAY; 1 ABSTENTION

Mr. Kotas and Dr. Bronsky were the main reviewers for Pediatric King Airway.

Discussion followed regarding single lumen, positive experience using with adults, use by EMT basics, including capnography in protocol, mal-positioning of tube and ongoing maintenance, and diligence in monitoring.

MOTION

MOVED BY MR. KOTAS, SECONDED BY DR. BRONSKY, TO APPROVE DR. VELLMAN'S WAIVER FOR PEDIATRIC KING AIRWAY FOR THE STANDARD PERIOD AND STANDARD REPORTING.

MOTION CARRIED

MOTION PASSED

7 YEA; 0 NAY; 1 ABSTENTION

Mr. Kotas and Dr. Kitagawa were the main reviewers for Oral Zofran.

Discussion followed regarding the need for waiver just for EMTs only when there is not an EMT-I or paramedic available; the training that is involved; need for transport, and specific protocol for EMTs.

MOTION

MOVED BY DR. KITAGAWA, SECONDED BY DR. HALL, TO APPROVE DR. VELLMAN'S WAIVER FOR ORAL ZOFRAN FOR THE STANDARD PERIOD AND STANDARD REPORTING.

MOTION CARRIED

MOTION PASSED

7 YEA; 0 NAY; 1 ABSTENTION

CDPHE Report
Randy Kuykendall

Randy Kuykendall reported on the town hall meeting in Parachute, Loveland and Pueblo regarding the Chapter 2 rule revisions. They received a lot of positive feedback and most people were supportive. The promulgation hearing for Chapter 2 rules is schedule on May 23rd at 10 am.

Mr. Kuykendall discussed the guidance documents regarding EMT-Intermediates. The documents explain what the options are and what the future may look like. At some point Colorado may have to find an alternative method for certifying Intermediates.

Michelle Reese discussed the changes suggested by Dr. Urbina's office. These changes clarified language defining disaster and public health emergency.

Randy Kuykendall discussed community paramedicine. A pilot program has been underway in western Eagle county. The EMTS section has been doing research to figure out how this fits with the current system and what action, if any, would be required by EMPAC and/or SEMTAC.

Discussion followed regarding a presentation and discussion on the subject by the

Western Eagle County Ambulance District.

CQI System Template

Dr. Bill Hall

Dr. Hall reported that the group has met twice now. The process is going well and the goal is to meet monthly and to have a document ready to present in August. The document will be a short primer for the new medical director.

Developing Processes for Items/Issues Brought Before the Council William Dunn, EMPAC Chair

Mr. Dunn started the discussion of the process for addressing contentious or controversial items and issues.

Discussion followed regarding receiving waiver review score results from group before meeting, process for literature review, compiling bodies of evidence, written opinions from experts, process of how to move a waiver through a meeting, creating lists of critical care medication and procedures and standard protocols associated with them to be waivered, drawing a line of what you can waiver or not, and coming up with standardized waiver-able protocols, and creating a protocol standard subcommittee for more common waivers.

Randy Kuykendall recommended EMPAC use a process improvement exercise to develop process. Process needs to be up front and transparent.

Nick Boukas will set a date and time for the process improvement exercise.

Discussion followed regarding moving forward on what to do with Pediatric RSI, once a decision is made then move forward to create protocol and criteria, how to make process reproducible for other potentially contentious topics, what is the timeline for the process, and does the Council wait until process is in place to make a decision on pediatric RSI.

Public Comment

Dr. Michelle Sweeney addressed the council regarding Chapter 2 rule and read the following section:

Procedural Sedation

Procedural sedation, as defined by the combination of intravenous agents such as benzodiazepines and/or narcotics for the planned purpose of facilitating the performance of a procedure is not an authorized EMS practice in Colorado.

She had a question about the "and/or" in this section and requested the "or" be removed.

Discussion followed regarding interpretation of the language and history of statute.

NEW BUSINESS

Out of town meeting

EMSAC has offered the use of a room on the day before the conference starts, in Keystone Thursday November 3, 2011.

MOTION

MR. KOTAS MOVED, DR. HALL SECONDED, TO MOVE THE NOVEMBER EMPAC MEETING TO THURSDAY NOVEMBER 3 IN

KEYSTONE.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.

Discussion followed regarding Nick Boukas sending a notification, call in capability

at facility, and good time to have Pediatric RSI discussion.

Update on Eagle County

Waiver Data

William Dunn presented the Eagle County waiver data. There will be an electronic

copy available.

William Dunn, EMPAC Chair
Discussion followed regarding report size being reduced, standardized reporting,

and data is a strong vote of confidence for agencies.

Future Items for Discussion None.

Adjournment

MOVED BY DR. HALL, SECONDED BY DR. WEBER, TO ADJOURN.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.

Meeting adjourned at 3:17 p.m.